Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information **Employer Identification number** Name of organization Michael Thompson For the H Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 1923 24- 9472056 Michael -T City or town, state, and ZIP code Anderson 296 Z Z E-mail address of organization 4a Name of custodian of records 4b Custodian's address Cobbs Glennlai Amanda Wilson 29210 (if different from mailing address shown above). Number, street, and room or suite number N City or town, state, and ZIP code Part II Purpose Describe the purpose of the organization List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address

Cat. No. 30405V

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For Paperwork Reduction Act Notice, see page 4.

List of All Office	9b Title	ly Compensated Employees (see instructions) 9c Address
N/A		
Under penalties of per Revenue Code, and to it is true, correct, and	nat i nave examined mis nucce, ««	on named in Part I is to be treated as an organization described in section 527 of the following accompanying schedules and statements, and to the best of my knowledge and
n Signature of a	ud & sho	mor 7/31/00

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